

IMMEDIATE RELEASE

December 7, 2012

KanCare Ready for January 1 Start

Topeka - The Centers for Medicare and Medicaid Services (CMS) has informed Kansas it believes the State has demonstrated it is programmatically prepared for a Jan. 1, 2013, start date for KanCare, the proposed system of integrated care for Medicaid and Children's Health Insurance Program (CHIP) beneficiaries.

"I want to thank the thousands of Kansans from across the state who worked with Lt. Gov. Jeff Colyer, M.D., KDHE Secretary Bob Moser, M.D., KDADS Sec. Shawn Sullivan and their staffs to craft a health care plan that is truly what Kansans want and need. Thanks to their efforts, we will have a Medicaid program that will work for Kansans," Gov. Sam Brownback said.

Federal and state officials have been in intensive discussions around the State's Section 1115 Demonstration application. As it has submitted documents to CMS, the State has been posting implementation activities reports, draft waiver amendments, and provider network summaries on its KanCare website: http://www.kancare.ks.gov/readiness_activities.htm.

"We thank CMS leadership and staff for the time and effort they have dedicated to this process and look forward to continuing these important meetings around our KanCare system," Lt. Governor Jeff Colyer, MD Said. "Our work together will allow us to ensure a smooth transition for Kansans on Medicaid."

The State and CMS will continue work to finalize Special Terms and Conditions in advance of Jan. 1. The Kansas Department of Health and Environment (KDHE) and Kansas Department for Aging and Disability Services (KDADS) are scheduled to launch KanCare following a nearly two-year public discussion on improving care for the 380,000-plus Kansans served by Medicaid.

KanCare includes continuity of care provisions to ensure members continue to have access to their current providers during the transition to KanCare. A summary of those provisions and other member protections is available on the KanCare website: http://www.kancare.ks.gov/benefits_services.htm. Other member protections include the creation of a KanCare Consumer Ombudsman, consumer telephone hotlines, and state oversight of the plans of care for members in home and community based services (HCBS) waiver programs.

The State is partnering with three health plans to achieve measurable goals, and to focus on wellness and care coordination. Savings are not achieved by reducing eligibility or provider reimbursement. KanCare continues current program benefits and also adds services such as heart and lung transplants, and bariatric surgery. Value-added services, such as adult preventive dental services, offered by the three health plans will be delivered at no cost to the state.

Each Medicaid consumer has been pre-enrolled in either Amerigroup of Kansas, Sunflower State Health Plan or UnitedHealthcare Community Plan, and members have the opportunity between now and April 4, 2013, to switch to a different plan for any reason.

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